

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Rely on Your Beliefs Fund

Mailing Address 1736 E Sunshine
Suite 913

City Springfield State MO Zip Code 65804

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 24691561

Date of Disbursement

10 / 03 / 2006

Amount of Each Disbursement this Period

2500.00

011
Category/
Type

Full Name (Last, First, Middle Initial)

B. Pryce For Congress

Mailing Address 145 E. Rich Street

City Columbus State OH Zip Code 43215

Purpose of Disbursement

Candidate Name
Rep. Deborah Pryce

Office Sought: ☒ House
☐ Senate
☐ President

State: OH District: 15

Disbursement For: 2006
☐ Primary ☐ General
☒ Other (specify) ▼
2006 Congress Genera

Transaction ID: 24691563

Date of Disbursement

10 / 03 / 2006

Amount of Each Disbursement this Period

3000.00

011
Category/
Type

Full Name (Last, First, Middle Initial)

C. Chocola For Congress Inc

Mailing Address PO Box 6728

City South Bend State IN Zip Code 46660

Purpose of Disbursement

Candidate Name
Rep. Christopher Chocola

Office Sought: ☒ House
☐ Senate
☐ President

State: IN District: 2

Disbursement For: 2006
☐ Primary ☐ General
☒ Other (specify) ▼
2006 Congress Genera

Transaction ID: 24691583

Date of Disbursement

10 / 03 / 2006

Amount of Each Disbursement this Period

1000.00

011
Category/
Type

SUBTOTAL of Disbursements This Page (optional)

6500.00

TOTAL This Period (last page this line number only)